Town of Fairfax Rental Registry Supplemental Tenant Information Sheet

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Property Information		
Address	Total # of Units in Building	
Property Owner	Phone #	
Unit #		
911 Address	# of occupants in unit # of bedrooms in Adults Children	unit
Tenant	Phone #	
Mailing Address	Alt Phone #	
	Email	
Special considerations in this unit (Blind, Deaf, Wheelchair,	Oxygen, etc)	
Unit #		
911 Address	# of occupants in unit # of bedrooms in Adults Children	unit
Tenant	Phone #	
Mailing Address	Alt Phone #	
	Email	
Special considerations in this unit (Blind, Deaf, Wheelchair,	Oxygen, etc)	
oponia obligación mano ann (emaj esan, missionan)	(Single)	
Unit #		
911 Address	# of occupants in unit # of bedrooms in Adults Children	unit
Tenant	Phone #	
Mailing Address	Alt Phone #	
	Email	
Special considerations in this unit (Blind, Deaf, Wheelchair,	Ownen etc.)	
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11:4.4		
Unit # 911 Address	# of occupants in unit # of bedrooms in	unit
Tenant	Adults Children Phone #	
Mailing Address	Alt Phone #	
-	Email	
Considerations in this well (City L.D. (1997)		
Special considerations in this unit (Blind, Deaf, Wheelchair,	Oxygen, etc)	

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nit # 911 Address	# of occupants in unit	# of bedrooms in ur
or madess	Adults Children	
Fenant	Phone #	
Mailing Address	Alt Phone #	
	Email	
Special considerations in this unit (Blind, Deaf, Wheel	chair, Oxygen, etc)	
nit #		
11 Address	# of occupants in unit Adults Children	# of bedrooms in ui
enant	Phone #	
Mailing Address	Alt Phone #	
	Email	
pecial considerations in this unit (Blind, Deaf, Wheel	chair, Oxygen, etc)	
i.4 .44		
	# of occupants in unit	# of bedrooms in u
11 Address	Adults Children	# of bedrooms in u
11 Address enant	Adults Children Phone #	# of bedrooms in u
911 Address Fenant	Adults Children	# of bedrooms in ui
11 Address Tenant	Adults Children Phone #	# of bedrooms in u
11 Address enant failing Address	Adults Children Phone # Alt Phone # Email	# of bedrooms in u
11 Address enant failing Address	Adults Children Phone # Alt Phone # Email	# of bedrooms in u
11 Address enant failing Address	Adults Children Phone # Alt Phone # Email	# of bedrooms in u
nit # 211 Address Fenant Mailing Address Special considerations in this unit (Blind, Deaf, Wheel	Adults Children Phone # Alt Phone # Email	# of bedrooms in ui
Off Address Tenant Mailing Address Special considerations in this unit (Blind, Deaf, Wheel	Adults Children Phone # Alt Phone # Email	# of bedrooms in u
enant failing Address pecial considerations in this unit (Blind, Deaf, Whee	Adults Children Phone # Alt Phone # Email chair, Oxygen, etc) # of occupants in unit	
Part Address Tenant Mailing Address Special considerations in this unit (Blind, Deaf, Wheelers) Part # Part Address	Adults Children Phone # Alt Phone # Email chair, Oxygen, etc)	
renant Aailing Address Special considerations in this unit (Blind, Deaf, Wheelef) Init # In Address Fenant	Adults Children Phone # Alt Phone # Email chair, Oxygen, etc) # of occupants in unit Adults Children	
init # 11 Address Fenant Address Special considerations in this unit (Blind, Deaf, Wheelef) Poit # 11 Address Fenant	# of occupants in unit Adults Children # of occupants in unit Adults Children Alt Phone # Alt Phone # Alt Phone #	
Part Address Fenant Mailing Address Special considerations in this unit (Blind, Deaf, Wheelef) Part # Part Address Fenant Mailing Address	Adults Children Phone # Alt Phone # Email chair, Oxygen, etc) # of occupants in unit	# of bedrooms in u
init # 11 Address Fenant Address Special considerations in this unit (Blind, Deaf, Wheelef) Poit # 11 Address Fenant	Adults Children Phone # Alt Phone # Email chair, Oxygen, etc) # of occupants in unit	

Please utilize this Supplemental Tenant Information Sheet to provide information for buildings with more than 4 dwelling units. Please write in the Unit number for each section completed.